

**Statement of Organization  
Recipient Committee**

Type or print in ink

**Statement Type**

☐ Initial

Not yet qualified ☐ or

\_\_\_\_\_  
Date qualified as committee

☒ **Amendment**

List I.D. number:

# 1286413

06 / 03 / 2006  
Date qualified as committee  
(if applicable)

☐ **Termination – See Part 5**

List I.D. number:

# \_\_\_\_\_

\_\_\_\_\_  
Date of Termination

Date Stamp 2014 JUL 17 PM 11:27 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	STATEMENT OF ORGANIZATION CALIFORNIA FORM <b>410</b> For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Nancy Gardner for City Council 2010

STREET ADDRESS (NO P.O. BOX)

323 Jasmine

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	(949) 673-0706

MAILING ADDRESS (IF DIFFERENT)

P.O. Box 10901, Newport Beach, CA 92658

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Orange

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT  
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Patricia Zartler

STREET ADDRESS

1970 Port Provence Pl.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Newport Beach	CA	92660	(949) 759-9341

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

Nancy Gardner

MAILING ADDRESS

323 Jasmine

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Corona del Mar	CA	92625	(949) 673-0706

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7-17-14  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Patricia Zartler  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT